15: Nakane E-5 (1955-1956) 1967 AR? Khasi AR?

4. The Bhoi — occupy the northern slopes of the Khasi Hills, covered with thick semi-tropical forests, they practise jhum cultivation.

5. The Lyngam — inhabit the western border of the Khasi Hills, near the Garo Hills. They are said to be half-Khasi and half-Garo. Their economy is similar to that of the Bhoi.

These ecological and geographical differences correspond also to politico-historical differences. From the 16th century to 1835, eve of the annexation of the Jaintia Hills to the Khasi Hills under the British administration, the people of the Jaintia Hills formed part of the Hindu Jaintia kingdom, whose capital was Jaintiapur, on the border of the present East Pakistan and of the Jaintia Hills. The capital, at one time, was moved to Nartiang near Jowai in the heart of the Jaintia Hills. The Jaintia Hills were administrated by twelve governors. Such a highly developed economic system as based on wet rice cultivation, must have helped a great deal in forming a kingdom adjoining the plain. Through the common economy and political organization with the Hindus of the plain, the Hindu civilization of the Bengal plain penetrated deeply among the Jaintias, who are matrilineal hill dwellers.

On the other hand, the Khasi Hills have remained outside the histories of either Assam or Bengal. They were governed by a number of petty native chiefs: there were twenty-five chiefs ruling the Khasi Hills when the British colonial administration was established there. Most of these chiefs belonged to the Siem clan. The history of the Khasi Hills had been shrouded in darkness till the beginning of the 19th century, except for fragmentary stories such as Khasi raids on the Sylhet people.

The development of the upland Khasi Hills started with the establishment of its headquarters at Shillong in 1874. Since then the features of the Khasi and Jaintia Hills have changed a great deal. What was once a small Khasi hamlet, untouched by the light of history, has become nowadays a busy modern town where many Khasi intellectuals live, mixing with various outsiders who are engaged in official work or in business. The British administration opened the way to missionary activities, especially that of the Welsh Calvinist Methodists who set up a mission in the Hills in 1841, almost at the same time as British political influence began to make itself felt in the Khasi Hills. Along with the political penetration from Cherrapunjee (1833) to Shillong, missionaries established many institutions, including churches, schools and hospitals, etc. Christian education, bringing with it the promise of clerical positions, attracted young Khasi a great deal; and the majority of the upland Khasi have been converted to Christianity. They have become the modern intellectuals of their people.

C.5 Incidence of diseases and medical facilities: 164

TABLE B-2

Incidence of diseases

Name of disease	No. of villages reporting incidence of disease		
	Border area	Project area	Control area
(1)	(2)	(3)	(4)
(a) Malaria	12	6	6
(b) Dysentery	12	7	6
(c) Skin	7	7	6
(d) Tuberculosis	1	0	1
(e) Leprosy	0	0	0
(f) Typhoid	1	0	1
(g) Pneumonia	1	0	0

N.B.—Number of villages surveyed—12 in border area, 6 in Project area and 10 in Control area.

In the above table three malaria and dysentery were of common occurrence. The cropping of malaria was, however, reported to be most severe in the border areas, the hill slopes of which provided suitable breeding ground for mosquitos. Next to malaria, dysentery and other bowel diseases have widespread prevalence in the district. The high incidence of these as well as various skin diseases are mainly accounted for by a lack of good water supply. Leprosy and tuberculosis were reported only from one village each (Dethak and Dhalai respectively).

TABLE B-3

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Distribution of the villages according to distance from various dispensary, hospital, veterinary dispensary and nearest private livestock medical practitioner

	Within the village	Within 5 miles	Within 5 miles	Within 10 miles	Within 20 miles	Above 20 miles
Dispensary	0	0	0	0	0	0
Hospital functioning the period	0	0	1	1	1	0
Private Practitioner	0	1	0	0	0	0

19: Assam C-5 (1959) 1963 A87 Khasi A87

343 The table above clearly shows that the medical facilities available in these villages are in fact unsatisfactory. Only 6 villages or of 88 villages have a dispensary either located in the village or within a radius of two miles. Considering the lack of communication facilities and the hilly nature of the district even five miles is often too long a distance for a patient to go to the doctor or for a doctor to attend a patient. When the doctor has to cover long distances the charges become too high. As a result the poorer section in case of serious illness have to approach unqualified medical men when one is available or otherwise to depend upon the mercy of God. Even for quinine and other cheap medicines one has to go to a dispensary or a private medical practitioner miles away. Regrettably, the most disheartening fact is that the medical help received by the people from Government dispensaries are not often timely and adequate due to non-availability of a doctor and inadequacy of stock of medicines.

341 344 6.8 Construction.—Though conditions of housing, sanitation, etc., of the villages are described in village notes in the appendix, it will be pertinent to make some general observations on the point. Unlike other hill tribes, the Khasis select their house sites on the hill slopes and level lands in the side of the hills as a protection from winds. From the fact that the villages are situated in the slopes one might be tempted to think that the sanitary and drainage system of the villages should be quite satisfactory. But in fact it is otherwise in many cases particularly in the case of big villages where too many families huddle up constructing their houses very close to each other thus practically converting the village into a slum. Many of the villages, due to their very location in groves surrounded by thick jungles do not get sufficient sunlight and as a result always remain damp, facilitating frequent incidence of cold and influenza. People answer the call of nature in jungles and bushes in and around the villages. Many of the villages are built on level lands full of swamps, and are ill suited for human habitation as they provide good breeding place for mosquitoes. Cowsheds and pig sties are built close to the open and narrow paths which make the villages all the more dirty. Indeed, there are villages in young excellent materials and health but in majority of the villages there remains a lot to be done for improving the sanitary, drainage system for educating the people to make these villages more hygienic. From the Government side also, whatever measures should be adopted to combat and eradicate malaria which is still causing illness in the district. Similarly, drinking water supply schemes should receive a high priority in a programme of development.

342 6.9 Housing.—Majority of the houses in the interior areas are made of thatch and bamboo with wooden planking or stone or earthen floor. Walls are plastered with mud to higher altitudes houses are built, roofed generally on a horizontal ridge and not heavy ones. Some of these houses retain the shape of a half burned cylinder. They generally have only one opening through the main door, though some of them have another in their side wall. They generally contain only one small room. One who is not used to such confinement wonders how the persons, especially when three or four in no of them, could feel comfortable. Houses of the well-to-do people particularly those on the road side, are built in the modern style with C.I. roofing, glass door, and windows, whitewashed

19: Assam G-5 (1958) 1963 AR7 Khasi AR7 -

CHAPTER—X

Summary of main findings

10.1. Twenty-eight villages were selected for the purpose of the survey. Out of the 28 villages selected, 10 from Border area and 8 from Project area were selected purposively while the remaining 10 were selected at random from the entire district which is referred hereafter as general area.

Migration from big villages was rare but some migration was reported in respect of small villages.

Occurrence of Malaria, influenza and dysentery is a regular phenomenon in the area. Medical facilities were not found satisfactory and as much as 78 per cent of the villages have no dispensary within a radius of five miles. In regard to education, the facilities cannot also be said to be unsatisfactory for more than 60 per cent of the villages have a Lower Primary School. Transport facilities were not satisfactory and as much as 86 per cent of the villages still depend upon primitive mode of transport, namely head load. Correlated with unsatisfactory form of transport, is the prevalence of unduly high cost of transport.

10.2. The number of the families covered by the survey was 1066 in the Border area, and 647 in the Project area and 184 in the General area. The average size of a village in the respective area is 1004, 809 and 810 families. In the Border and Project areas females out number males being respectively 1076 and 1082 females per 1,000 males as against 948 females per 1,000 males in the general area. Literacy is as high as 34 per cent in the border area and 31 per cent in the Project area but as low as 17 per cent in the general area. In all the areas literacy among females is very low.

The working population (earners and earning dependents) is as high as 55 per cent in the Border area, 54 per cent in the Project area and 53 per cent in the general area. While there were no cases of unemployment in the Project and General areas, 13 persons were reported unemployed from border area.

10.3. 51 per cent of the families in Border area are wholly agricultural, 38 per cent partly agricultural and 11 per cent independent of agriculture. The corresponding figures for the Project area are 61, 31 and 8 per cent respectively while for the General area they are 38 per cent, 50 per cent, 1 per cent respectively.

Predominantly agricultural families constitute 67, 69 and 90 per cent of the families in Border, Project and General areas respectively.

10.4. 31 per cent of the families in Border area, 39 per cent in Project area and 10 per cent in General area were absolutely without any land while 85 per cent, 70 percent and 26 per cent of the families in the respective areas possessed small holding ranging from 0.24 to 2.50 acres representing 11.26 and 38 per cent of the total holding area in the respective areas. 36 per cent of the families in Border and Project areas and 41 in General area possessed medium sized holding (2 to less than 10 acres)

20: Hunter G-4 (no date) 1897 AR 7 Khasi AR 7

disfigured from the practice. Adults will chew as many as four or five betel-nuts a day, with the usual accompaniment of *pán* leaves. The estimated cost of maintaining an average family of the labouring class is about Rs. 8 or 16s. a month.

TOWNS: SHILLONG.—There are no towns in the usual acceptance of the word; but the chief places in the Hills, looked upon by the inhabitants as cities, are Shillong, Jowái, Cherrá Púnji, and Shellá. According to the Census of 1872, Shillong had only 1363 inhabitants, Cherrá Púnji 443, and Jowái 4392. Jowái, however, is a collection of rural hamlets, and the population of Shillong has entirely altered since the date of the Census. The latter place first became the Civil Station in 1864, in substitution for Cherrá Púnji; and when Assam was erected into an independent Province in 1874, it was selected as the permanent seat of the Local Government. The Chief Commissioner resides there, and also the heads of all departments in the Administration. The area of the Station is 7 miles in length by 1½ to 1¾ miles in breadth. A considerable native population is already settled, and is increasing from day to day. One of the largest weekly markets is held in the *Ádár*; and with a view to facilitate access to the Station, which is the sanitarium for the Province of Assam, a cart road has recently been completed to Gauhátí on the Brahmaputra, which will tend to make the place more and more important. An excellent water supply is introduced into Shillong through an aqueduct which has its source in the neighbouring hill streams, and sanitary measures are carefully enforced. Large sums of money have annually been expended on the erection of the public buildings necessary for the offices of the administration. A printing-press has been established, from which issue all the official documents and reports of the Province. The climate is excellent, the temperature being more equable than that of any other hill station in India, and therefore admirably suited to the constitution of Europeans. There is a church at Shillong, and a chaplain on the Bengal establishment officiates both there and at Gauhátí. The cantonments were occupied in 1875 by the 43d Regiment of Assam Light Infantry, with three outposts. The strength was 9 European officers, 16 native commissioned officers, 80 non-commissioned officers, 772 fighting men, and 58 paid camp followers and non-combatants; grand total, 935. The total cost, including contingencies, was Rs. 189,190, or £18,919.

20: Hunter G-4 (no date) 1897 AR 7 Khasi AR 7

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surface soil of the hills upon which the houses are built.' Cholera 364
is attributed to importation from the plains. [164]

SANITATION.—It has already been stated that the ordinary Khási villages are absolutely destitute of any conservancy arrangements. The sanitary condition, however, of the Station of Shillong is described as 'good.' The natural drainage is excellent. Drinking water is obtained chiefly from hill streams, and on the banks of these streams conservancy regulations are enforced. The water is conducted into the town by means of an artificial water-course. Public latrines have been erected at suitable places inside the town. The staff of sweepers and *bildárs* keeps the roads and drains clean, and the surface generally free from pollution. The sanitary condition of the cantonment is reported to be very good.

CHARITABLE DISPENSARY.—There is one dispensary in the Khási 743 •
and Jáintiá Hills—at the Station of Shillong. It was first opened in 1872, and considerable additions have since been made to the building. During 1874 a total sum of Rs. 775. 8, or £77, 11s., was expended on new constructions and repairs, towards which the European residents subscribed Rs. 329. There is now accommodation for 10 male and 3 female patients. In that year the total number of in-door patients treated was 44, of whom 9 died, giving a death-rate of 20·45 per cent. The number of out-door patients was 529, or an average daily attendance of 7·8. Of the grand total of [164]
patients of both classes, only 31 were females. The largest number of cases are classified under the headings of fevers and constipation and colic. The total income during the year was Rs. 1358. 13. 9, or £135, 17s. 8d., of which Government contributed Rs. 300 for salaries, and an additional Rs. 300 as a special allowance. The European subscriptions amounted to Rs. 869, as compared with Rs. 33 subscribed by natives. The total expenditure was Rs. 1187. 13. 6, or £118, 16s., leaving a balance in hand of Rs. 410. 14. 3. The chief items were Rs. 480 for salaries of medical subordinates, Rs. 160 for servants' wages, and Rs. 222 for dieting of sick. There were 33 minor operations performed during the year.

The people of the District have no system of medicine of their own, 755
and no native practitioners. Their sole remedies consist in divination and incantation. The only indigenous native drugs are chiretta and wormwood. As stated in a previous paragraph, a small cinchona 278
plantation was established by Government at Nongkhlao in 1869. 698
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